

Emergency Contact/Parental Consent Form

Child's Name	Date of Birth
Home Address	City/State/Zip
Mother's Name/Legal Guardian	Home Phone Number
Home Address/City/State/Zip	Cell Phone Number
Business Name	Business Phone Number
Business Address	City/State/Zip
Father's Name/Legal Guardian	Home Phone Number
Home Address/City/State/Zip	Cell Phone Number
Business Name	Business Phone Number
Business Address	City/State/Zip
Emergency Contact Person(s): Name Address/City/State/Zip	Phone Number
Person(s) To Whom Child May Be Released: Name Address/City/State/Zip	Phone Number
Name of Child's Physician/Medical Care Provider	Phone Number
Address	City/State/Zip
Special Disabilities (if any)	Allergies (including medication reaction)
Medical or Dietary Information Necessary in an Emergency Situation	Medication, Special Conditions
Health Insurance Coverage for Child or Medical Assistance Benefits	Policy (number required)
Additional Information on Special Needs of Child	

Parent's Signature is required for each item below to indicate parental consent:

- | | |
|--|---|
| <input type="checkbox"/> Admin of Minor First Aid Procedures | <input type="checkbox"/> Walks and Trips |
| <input type="checkbox"/> Obtaining Medical Care | <input type="checkbox"/> Transportation by the facility |

Parent or Guardian Signature _____ **Date** _____

Parent or Guardian Signature _____ **Date** _____